

Behavioral Health in Older Adults

Tom Allen, M.D.
Amy Danahey, LCPC

April 7 and 9, 2025



Disclosures

Tom Allen, M.D.

Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas

Amy Danahey, LCPC

Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas

This material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

This information is not to be distributed or shared with unauthorized individuals without express approval.

Learning Objectives

- 1 Provide information to increase understanding of behavioral health conditions experienced among older adults
- 2 Provide an overview of comorbid medical and behavioral health conditions, and educate on risk factors and behavioral health screening tools within this population
- 3 Provide education on interventions and treatment options, including medications, referral considerations, and common approaches to care

A blue-tinted background image featuring a medical setting. A stethoscope is visible in the lower right corner, and a clipboard with a pen is in the lower left. The overall image is blurred and has a monochromatic blue color scheme.

1 Statistics, Unique Needs of Older Adults and Trends



Growing Population

According to the World Health Organization, this population is growing fast:

In 2020, people ages 60 or older totaled 1 billion worldwide

By 2030, the total is expected to increase to 1.4 billion, or 1 in 6 people

The number of people ages 80 or older is expected to triple to 426 million between 2020 and 2050

According to WHO, 14% of people ages 60 and older live with a mental health disorder:

80% of older adults have at least one chronic health condition

50% of older adults have two or more health conditions

The number of older adults in the U.S. ages 60 or older with psychiatric disorders is expected to reach 15 million by 2030

Depression in Older Adults

The [Centers for Disease Control and Prevention](#) estimates that depression is the most prevalent mental health condition among older adults:



Unique Needs of This Population

- Untreated mental health disorders in older adults can lead to decreased functioning, increased disability, cognitive decline, substance use, poor quality of life, slow healing for physical health conditions, increased mortality and suicide.
- Without any prior history, mental health conditions or substance use can appear in older adults in response to medical conditions or life stressors.
- It is estimated that physicians do not recognize or diagnose up to 40% of patients with moderate degrees of cognitive impairment.





2

Behavioral Health and Comorbid Medical Conditions:

Risk Factors, Considerations and Screening Tools

Depression and Grief: Risk Factors

- Patient and caregiver minimizing symptoms
- Caution around accessing care
- Social isolation, history of depression, sensory loss, sleep disturbances, medication side effects
- People with medical conditions like heart disease or cancer, sleep problems and limited daily functioning are more likely to experience depression



Depression and Grief



Considerations

- Adjustment vs. depression
- Home, career, interpersonal and relational changes occur in older adults
- Erikson's psychosocial development

Depression and Grief



Screening Tools

- Geriatric Depression Scale (GDS5)
- Depression in Old Age Scale (DIA-S4)
- Clinical interview with patient and caregiver; review personal and family history

Sources: [American Psychological Association](#); [CDC](#)

Bipolar/Psychosis and Agitation: Risk Factors

- Family history (80% of people with bipolar disorder have a relative with the same diagnosis)
- Environmental factors
- Trauma history
- Substance use



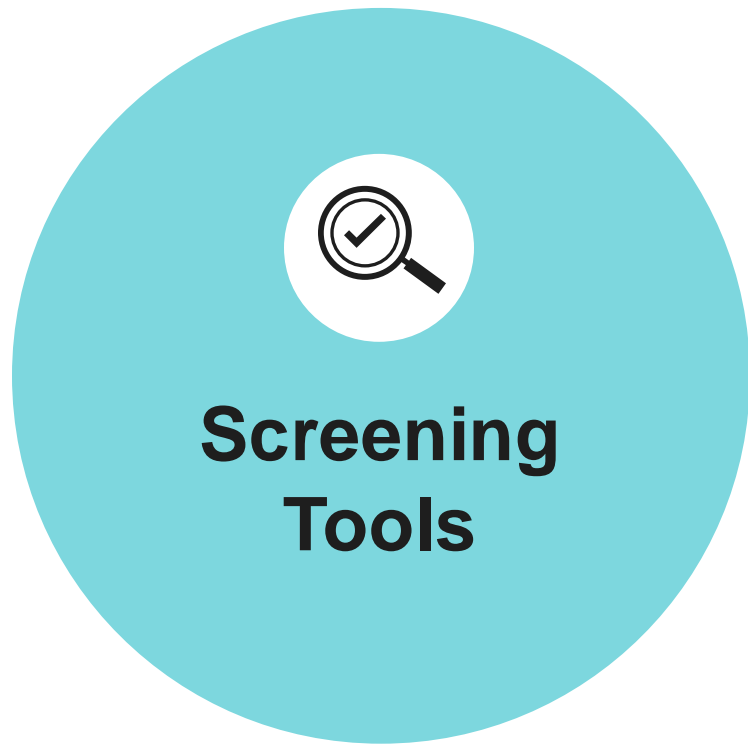
Bipolar/Psychosis and Agitation



Considerations

- Consider personal and family history
- Conditions with similar presentations
- Dementia and Alzheimer's
- **Agitation and irritability**
 - Organic vs. psycho-emotional cause
 - Agitation from physical pain, confusion or mood disorder
 - Cognitive decline and masking
 - The patient's awareness and understanding of condition and symptoms

Bipolar and Psychosis



- Mood Disorder Questionnaire (MDQ)
- Bipolar Inventory of Symptoms Scale (BISS)
- Functional Assessment Short Test (FAST)
- Brief Psychiatric Rating Scale (BPRS)
- Pittsburgh Agitation Scale
- **Physical health screenings and labs** for those with some behavioral health conditions are also important.
 - For example, individuals diagnosed with schizophrenia or bipolar disorder who are on an antipsychotic should have their Hemoglobin A1c and low-density lipoprotein-cholesterol checked yearly due to an increased risk of diabetes and cardiovascular disease.

Sources: [American Psychological Association](#); [CDC](#)

Cognitive Conditions: Risk Factors

Conditions include:

- Alzheimer's and dementia
- Frontal lobe dementia
- Lewy body dementia
- Changes in mood, behavior, social interactions and cognitive decline

Risk factors

- Physical health
- Diabetes, smoking, excessive alcohol consumption
- Head injury
- Family history



Cognitive Conditions



Screening Tools

- Mini-Mental State Examination (MMSE)
- Montreal Cognitive Assessment (MoCA)
- Clinical Interview and Care Giver responses
- Family and Individual History
- Provider coordination or consultation

Sources: [American Psychological Association](#); [CDC](#)

Substance Use: Overview

According to the Substance Abuse and Mental Health Services Administration:

- Substance use disorders in older adults tend to go unrecognized and untreated.
- Substance use and substance use disorders among older adults are rising.
- Substance use in older adults is dangerous and can increase their risk of death and other physical harm.
- The belief that older adults are unwilling to seek treatment or services for substance use is false.



Substance Use: Risk Factors

- Retirement (unexpected or forced)
- Economic stressors, such as living on reduced income and inflation
- Loss of spouse, partner or family member
- Environment, such as relocation to assisted living
- Normal age-related cognitive and physical decline leading to loss of functioning and capacity to carry out activities of daily living
- Previous traumatic events
- Mental health co-morbidity, particularly depression and anxiety
- Social changes, such as being less active or socially disconnected from family and friends
- Lifetime or family history of SUDs
- High availability of substances
- Social isolation

Source: [Substance Abuse and Mental Health Services Administration](#)

Substance Use



Considerations

- Diagnostic criteria may not be met for treatment or resources to be needed:
 - Since smaller amounts have a bigger effect, less quantity and time may be spent using
 - With social disconnectedness and inactivity due to age, social and interpersonal problems may not be as apparent
- Individuals with chronic pain, sleep issues, depression and anxiety may use substances to treat these conditions.
- Worsening acid reflux and sleep problems, although normal age-related conditions, could also be indicators of substance misuse.
- Substance use increases the risk of falls, injury, cognitive impairment, heart disease, high blood pressure, certain cancers, glucose levels, HIV, hepatitis, cirrhosis and mental disorders.

Source: [Substance Abuse and Mental Health Services Administration](#)

Substance Use



Screening Tools

- **AUDIT** – can reveal alcohol misuse in people 65 and older
- **ASSIST** – screens clients for all categories of substance misuse, including alcohol and tobacco
- **CAGE-AID** – asks about substance misuse but should be used with – not in place of – longer and more detailed alcohol and drug screeners

Source: [Substance Abuse and Mental Health Services Administration](#)

A blue-tinted background image showing a medical setting. A stethoscope is visible in the lower right corner, and several papers or charts are scattered across the surface. The overall tone is professional and clinical.

3 Interventions and Treatment Options



Interventions and Treatment Options

Psychotherapy interventions

- Cognitive behavioral therapy and Group CBT
- Interpersonal psychotherapy
- Group life-review or reminiscence therapy

Psychopharmacological Interventions

- Generally recommended to be combined with psychotherapy

Other considerations

- Referrals to community resources
- Caregiver alignment

Sources: American Psychological Association [Depression Guideline](#) and [Decision Aid](#); [CDC](#)

Psychopharmacological Treatments

Common concerns

- Side effects: Excessive sedation, dry mouth, constipation and orthostatic hypotension
- Falls: Psychotropic medications increase fall risk, especially when combined with other medications
- Toxicity: Decreased renal activity in elderly can slow elimination of drugs, leading to toxic levels in blood
- Polypharmacy: Older adults often take multiple medications, which can increase risk of adverse drug reactions



Older adults can be particularly vulnerable to adverse effects from psychiatric medications, such as antidepressants, antipsychotics and sedatives. This can be due to age-related changes that affect how the body processes medications, as well as the common use of multiple medications in older adults.

Source: [National Library of Medicine](#)

Guidelines and Tools for Psychotropic Medications

There are many guidelines and tools to help reduce inappropriate prescribing of psychotropic medications in older adults, including:



**Screening
Tool of Older
Persons'
Prescription
(STOPP)**



**Screening
Tool to Alert
to Right
Treatment
(START)**



**Beers
Criteria**

Source: [National Library of Medicine](#)



Coordinating Care

Collaboration with care team

- Referral to appropriate level of care

Advanced directives

- Financial literacy

Resources for caregivers

- Respite options
- Compassionate deception

Nursing home and long-term care

- When it is appropriate to seek assessment and placement
- Independent, assisted, memory care and nursing homes

Follow-up Care

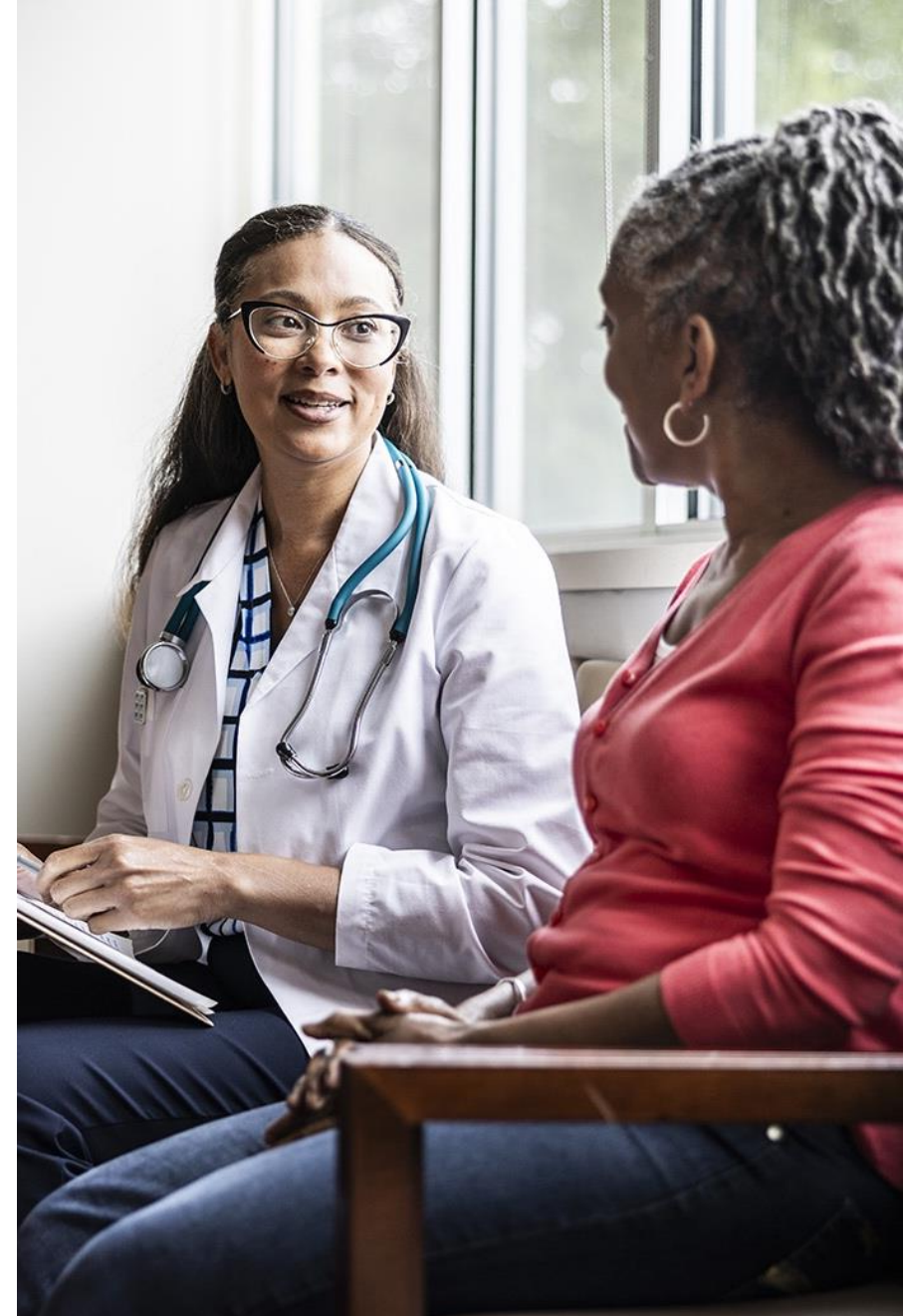
Follow-up care after an ER visit or inpatient admission for a mental health or substance use concern is important in helping patients get the ongoing care they need.

- Inpatient or emergent visits focus on stabilization, whereas ongoing outpatient care helps focus on long-term maintenance and disease management.
- Follow-up care helps prevent readmissions and can improve health outcomes in older adults.
- It's recommended that the first follow-up visit occurs within the first week (7 days) and no later than 30 days after discharge.
- Follow-up appointments can occur with a therapist, psychiatrist or a nurse practitioner and can be for medication management, ongoing assessment of symptoms and skill building.
- Following up with a primary care physician after a visit to the ER can also be appropriate.

Learn more: National Committee for Quality Assurance

Follow-up Care

- Discuss the importance of following up with a mental health provider.
- Provide a referral to a mental health provider if needed.
- Identify barriers that could prevent a patient from attending a follow-up and work to address barriers and identify supports and resources.
- Reach out to patients who cancel appointments and help them reschedule.
- Coordinate care by sharing the discharge plan and updates with the mental health provider.
- Include and educate family, friends and caregivers when appropriate.





Videos to Share with Patients

Below are links to short videos we created for our members about behavioral health care and support. Scan the QR codes with your phone camera to access the links.

You may share these with your patients in your waiting rooms or share the links in your patient portals or discharge paperwork. Spanish captions are available.



Continue Your
Care after a
Hospital or
Emergency
Room Visit for
Mental Health
or Substance
Use



Don't Let Your
Mental Health
Care End
When You
Leave the
Hospital



Talk to Your
Doctor About
Your Mental
Health
Medications



Continue
Reach Out for
Help with
Substance
Use Concerns



Talk to Your
Doctor about
the Increased
Risk of Diabetes
Related to
Certain
Medications for
Mental Health

Thank you.

Questions?

